

PATIENT PRESENTING CLINICAL SIGNS

Mason Puscher

History: Presented for profuse vomiting and diarrhea, anorexia and lethargy of 2 day duration. No history of toxins or getting into anything. No history of vaccines since a puppy (if that) Lethargic Appears uncomfortable while standing, head lowered, hunched back Weak while walking Mild tearing from the eyes Pyrexia 40.1 HR, RR normal Mass on ventral tail base - present for a while according to O, ~ 3 by 5 cm, vascular Normal neuro, abdominal exam meds: Cerenia 1 mg/kg, Buprenorphine 0.02 mg/kg, IV fluids, meloxicam 0.2 mg/kg followed by 0.1 mg/kg SID, Ampicillin 20 mg/kg Abnormal PE/Chem/CBC/UA Results: Please see attached labs

SPECIES

Canine

BREED

Boxer X

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

SEX

Intact Male

The **urinary bladder** and visible pelvic urethra were unremarkable for the level of repletion presented. The urine, however, did present some moderate mildly echogenic debris consistent with mucous, exfoliated cells from renal or bladder origin, and/or blood clots as these echogenic changes can all present similarly. This is often related to urinary tract infection but may represent simple evidence of exfoliated debris or sterile inflammation. Cystocentesis, urinalysis, +/- culture would be recommended to rule out and define any UTI.

AGE

8 Years

WEIGHT

40 kg

The **prostate** was enlarged and irregular and cystic with a paraprostatic cyst or abscess. Echogenic debris noted and all cystic structures suggest for inflammation. The prostate measured 5.0 cm. Regional free fluid was noted around the prostate.

The **kidneys** were swollen with minor pyelectasia and echogenic debris. The left kidney measured 9.69 cm. The right kidney measured 9.6 cm.

INTERPRETED BY

Eric Lindquist, DMV
DABVP, Cert. IVUSS

Adrenal Glands

IMAGING PERFORMED BY

Kelly Reschny

The **right adrenal gland** was visualized and recognized as having normal shape, size, position and echogenicity for this breed. The phrenic vasculature, glandular echogenicity and detail were unremarkable. Capsule, cortex, and medullary definition were normal for this age patient. The right adrenal gland measured 2.55 cm x 1.97 cm at the cranial pole and 1.5 cm at the caudal pole.

HOSPITAL NAME

West Park AH

The **left adrenal gland** was hyperechoic with an expansive nodule (1.68 cm x 1.21 cm) deriving from the cranial pole. The left adrenal gland measured 4.35 cm x 1.29 cm at the cranial pole and 0.88 cm at the caudal pole.

Spleen

REFERRING VET

Dr. Rice

The **spleen** was largely smooth with subtle heterogeneous parenchymal changes while maintaining normal echogenic relationship to the liver and kidney. These changes are consistent with normal age-related alteration. The capsule was smooth without noticeable impingement from within the spleen or from pathology in the adjacent abdomen. The splenic vasculature demonstrated normal volume without signs of congestion or significant contraction. No evidence of active acute or chronic inflammatory, neoplastic, or infarctual changes were noted. This is a mild change.

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Liver

The **liver** images submitted revealed subjectively normal liver size, contour, and structure. Parenchymal echogenicity was naturally coarse and hypoechoic to the spleen. Vascular and biliary



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tracts were of normal volume with no evidence of congestion. The gallbladder presented acceptably thin walls with primarily anechoic content. The cystic and common bile ducts were normal. No pathological hepatic lymphadenopathy was evident. No overt structural evidence of inflammatory, infiltrative or regenerative pathology was evident.

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Gastrointestinal

The **gastrointestinal tract** was unremarkable.

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Pancreas

The base and limbs of the **pancreas** were observed to be largely isoechoic to surrounding omental fat. Pancreatic duct and capsular contour were acceptably normal and parenchyma respected normal curvilinear patterns. No overt evidence of active inflammatory or neoplastic disease was noted.

SEX

Intact Male

Free Abdomen

Iliac **lymph nodes** were mildly enlarged measuring 2.0 cm x 1.0 cm.

AGE

8 Years

Other

The **testicles** were imaged and found to be uniform. No evident pathology.

WEIGHT

40 kg

ULTRASONOGRAPHIC FINDINGS

- Prostatic and paraprostatic abscessation. Regional free fluid noted around the prostate.
- Pyelonephritis pattern
- UTI
- Urinary bladder debris
- Minor iliac lymphadenopathy
- Hyperechoic left adrenal gland with left adrenal nodule
- Age-related splenic changes

INTERPRETED BY

Eric Lindquist, DMV
DABVP, Cert. IVUSS

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The gastrointestinal tract was unremarkable. It is likely that the systemic manifestation of local urinary and prostatic disease is playing the primary role in this patient.

IMAGING

PERFORMED BY

Kelly Reschny

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I recommend ultrasound guided drainage of the prostatic and paraprostatic cysts. Urine culture and sensitivity and IV fluid support indicated. No obvious evidence of neoplasia, however, FNA of the general prostatic parenchyma warranted to rule out carcinoma, especially given the minor iliac lymphadenopathy. Neutering, enrofloxacin/clindamycin combination recommended, or specific therapy based on urine or prostatic abscess culture results. Recheck sonogram in 3-weeks post neutering.

REFERRING VET

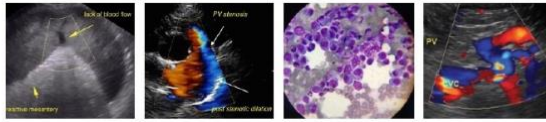
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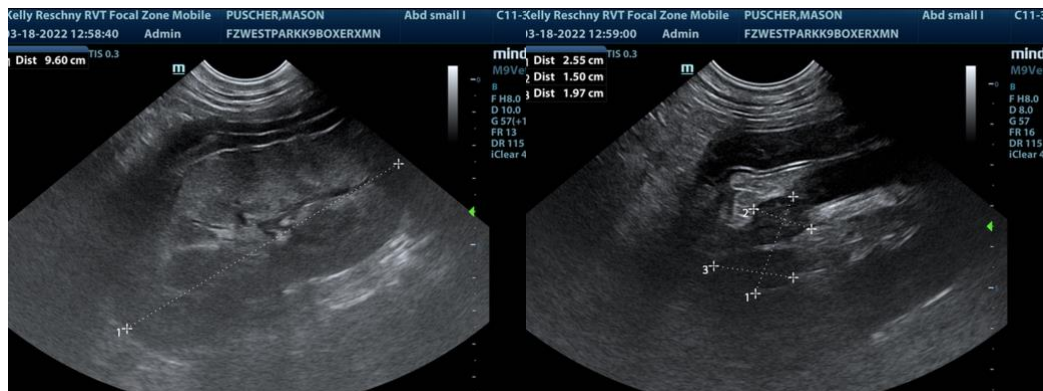
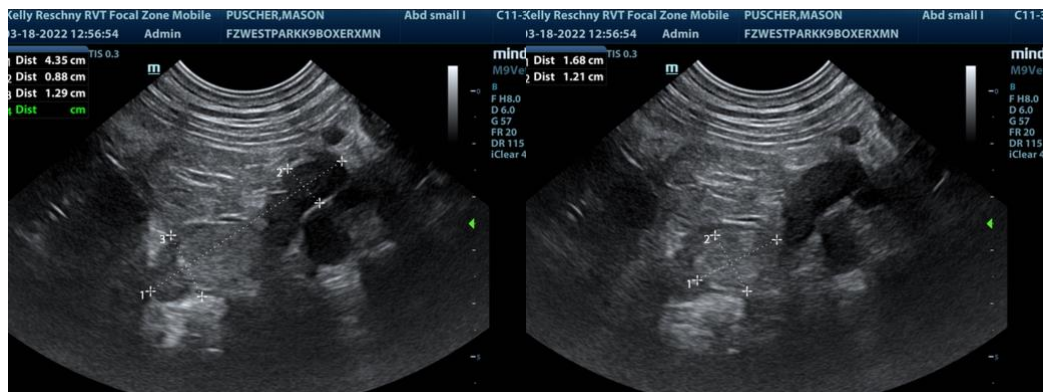
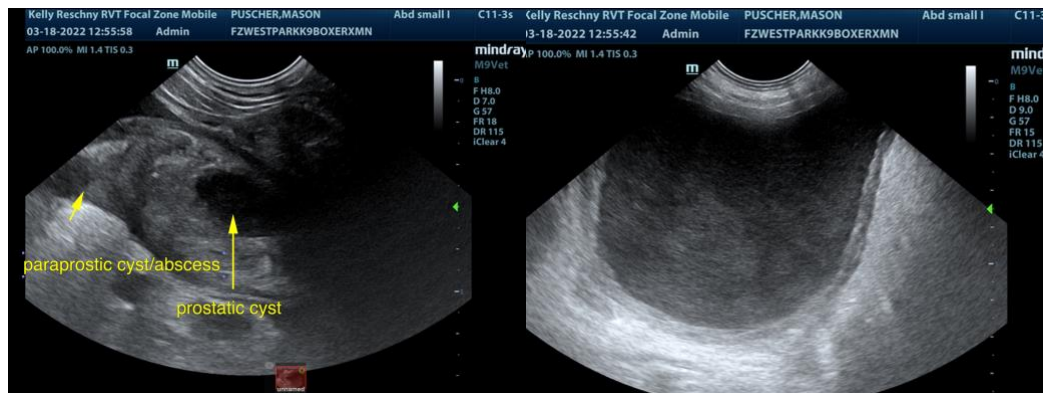
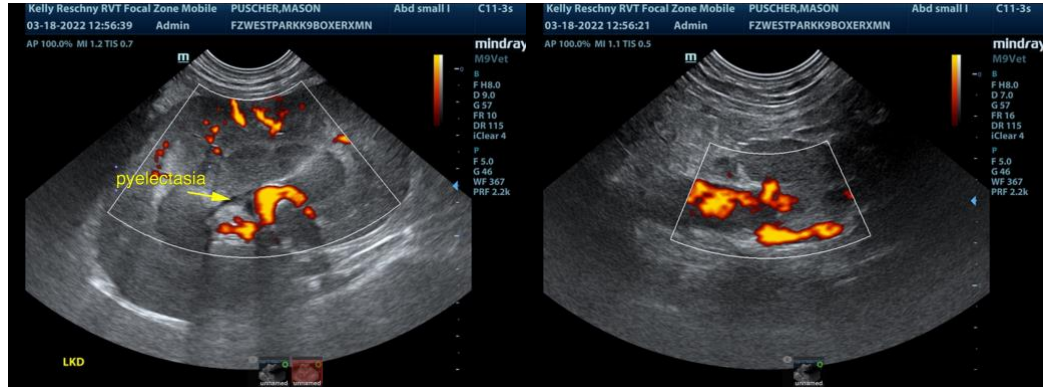
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

AGE

8 Years

Thank you for this referral. If the clinical or image interpretation does not parallel your findings or if I can be of any further assistance please contact me.

WEIGHT

40 kg

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